

**Nebraska Public Employees Retirement Systems**

1221 N Street, Suite 325

P.O. Box 94816

Lincoln, NE 68509

402-471-2053

800-245-5712

Fax: 402-471-9493

Name <small>Last First Middle</small>		Date of Birth <small>- -</small>	Plan Type <small>(Check One)</small> <input type="checkbox"/> State <input type="checkbox"/> County
Social Security Number <small>- -</small>		Retirement Number	
Address <small>City State Zip</small>			
Home Phone	Work Phone	Employer	

**Make-Up Contribution Agreement**

I, \_\_\_\_\_ (the Employee) an employee of \_\_\_\_\_ (Agency, County, etc.) and a member of the Nebraska State or County Employees' Retirement System (the "Retirement System"), hereby authorize the Retirement Contact personnel to deduct the following amounts from my compensation and directly contribute such amounts to the Retirement System for the make-up contributions as described below:

Time Period for Missed Contributions: \_\_\_\_\_

Number of Payroll Periods during Time Period: \_\_\_\_\_

Salary per Payroll Period / Total Salary during Time Period: \_\_\_\_\_  
(Circle One)

Total Amount to Be Contributed by Employee: \_\_\_\_\_

Total Amount to Be Contributed By Employer: \_\_\_\_\_

Total Number of Pay Periods for Re-Payment: \_\_\_\_\_

Repayment Start and End Date: \_\_\_\_\_

The undersigned agree, acknowledge, and understand that the above contributions are mandatory contributions to be made by the employee and the state or county per statute LB 84-1307, LB 84-1308, LB 23-2306 and LB 23-2307, of the State of Nebraska.

The undersigned have executed this agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Employee)\_\_\_\_\_  
(Signature of Employer)

Accepted and agreed to:

NEBRASKA PUBLIC EMPLOYEES RETIREMENT SYSTEM

By: \_\_\_\_\_

Title: \_\_\_\_\_